

**CLAIMS AS FILED - PART I** 

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

**Application or Docket Number** 

SEC. 861

| CLAIMS AS FILED - PART I |  |  |                   |                                   |                            | · <b>^</b> \                        |          | SMALL ENTITY      |                        |      | OTHER THAN          |                        |
|--------------------------|--|--|-------------------|-----------------------------------|----------------------------|-------------------------------------|----------|-------------------|------------------------|------|---------------------|------------------------|
| TOTAL CLAIMS             |  |  | (Column)          | (Column 1)                        |                            | (Column 2)                          |          | TYPE              |                        | OR   |                     |                        |
|                          |  |  | 10                | <del>/</del>                      |                            |                                     | ŀ        | RATE              | FEE                    | ]    | RATE                | FEE                    |
| FO                       |  |  | NUMBER            | FILED                             | NUMB                       | BER EXTRA                           | E        | BASIC FEE         | 370.00                 | OR   | BASIC FEE           | 740.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |  | 20 mir            | 20 minus 20=                      |                            | * 9                                 |          | X\$ 9=            |                        | OR   | X\$18=              |                        |
|                          | DEPENDENT CI                                   |  | / mi              | minus 3 =                         |                            | 2                                   |          | X42=              |                        | OR   | X84=                |                        |
| MU                       | ILTIPLE DEPEN                                  | NDENT CLAIM PI                             | RESENT            | RESENT                            |                            |                                     | T        | +140=             |                        | OR   |                     |                        |
| * If                     | the difference                                 | e in column 1 is                           | less than ze      | ero, ente                         | r "0" in c                 | column 2                            | L        | TOTAL             |                        | OR   |                     | 740,00                 |
|                          | C  | CLAIMS AS A                                | MENDE             | ) - PAR                           | TII                        |                                     |          |                   | <u></u>                | -    | OTHER               | /_/-                   |
|                          |  | (Column 1)                                 |                   | (Colur                            |                            | (Column 3)                          | _        | SMALL E           | ENTITY                 | OR   | SMALL               |                        |
| AMENDMENT A              |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                   | HIGH<br>NUM<br>PREVIO<br>PAID     | IBER<br>OUSLY              | PRESENT<br>EXTRA                    |          | RATE              | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |
| NON                      | Total  | *  | Minus             | **                                |                            | =                                   |          | X\$ 9=            |                        | OR   | X\$18=              |                        |
| AME                      | Independent<br>FIRST PRESE                     | * ENTATION OF ML                           | Minus ULTIPLE DEF |                                   |                            | -                                   |          | X42=              |                        | OR   | X84=                |                        |
| <u></u>                  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                   |                                   |                            |                                     |          | +140=.            |                        | OR   | +280=               |                        |
|                          |  |  |                   |                                   |                            |                                     |          | TOTAL             |                        | _ r  | TOTAL               |                        |
|                          | — <u></u>                                      | (Column 1)                                 |                   | (Colur                            | mn 2)                      | (Column 3)                          | AL       | ODIT. FEE L       |                        | ,    | ADDIT. FEE          |                        |
| 8                        |  | CLAIMS<br>REMAINING                        |                   | HIGH                              | IEST                       |                                     | Г        |                   | ADDI-                  |      | T                   | ADDI-                  |
| AMENDMENT B              |  | AFTER<br>AMENDMENT                         |                   | PREVIO<br>PAID                    | OUSLY                      | PRESENT<br>EXTRA                    |          | RATE              | TIONAL<br>FEE          |      | RATE                | TIONAL<br>FEE          |
| N<br>N                   | Total  | *  | Minus             | **                                |                            | =                                   |          | X\$ 9=            |                        | OR   | X\$18=              |                        |
| AME                      | Independent                                    | *  | Minus             | ***                               |                            | =                                   | 一        | X42=              |                        | OR   | X84=                |                        |
|                          | FIRST PRESE                                    | NTATION OF MU                              | JLTIPLE DEP       | ENDENT                            | CLAIM                      |                                     | $\vdash$ |                   |                        |      |                     |                        |
|                          |  |  |                   |                                   |                            |                                     | L        | +140=             |                        | OR   | +280=               |                        |
|                          |  |  |                   |                                   |                            |                                     | AC       | TOTAL<br>DIT. FEE |                        | OR , | TOTAL<br>ADDIT. FEE |                        |
|                          |  | (Column 1)                                 |                   | (Colun                            |                            | (Column 3)                          |          |                   |                        |      |                     |                        |
| AMENDMENT C              |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                   | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>DUSLY               | PRESENT<br>EXTRA                    |          |                   | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |
| ND                       | Total  |  | Minus             | **                                |                            | =                                   |          | X\$ 9=            |                        | OR   | X\$18=              |                        |
| AME                      | Independent                                    | <u> </u>                                   | Minus             | ***                               |                            | =-                                  |          | X42=              |                        | ŀ    | X84=                |                        |
|                          | FIRST PRESE                                    | NTATION OF MU                              | JLTIPLE DEP       | ENDENT                            | CLAIM                      |                                     | $\vdash$ |                   |                        | OR   |                     |                        |
| *  f                     | f the entry in colur                           | Ļ  | +140=             |                                   | OR                         | +280=                               |          |                   |                        |      |                     |                        |
| **                       | f the "Highest Nur                             | mber Previously Pai<br>Imber Previously Pa | aid For" IN THIS  | S SPACE is                        | s less than                | n 20. enter "20."                   | AD       | TOTAL<br>DIT. FEE |                        | OR A | TOTAL<br>ADDIT. FEE |                        |
| 7                        | The "Highest Num                               | nber Previously Paid                       | d For" (Total or  | Independe                         | ३ less tnar<br>ent) is the | n 3, enter "3."<br>highest number f |          |                   | ropriate box           |      |                     |                        |